JRI LED	DI'	J۱	ION OF HEA UL 2 2 1960 legistration District No	LTH — STAND	ARD CEI		Ell	F DEATH 7 Sugar	1983	=60-0 STATE FIL	29010 E NUMBER
	<u> </u>	1. PLACE OF DEATH a. COUNTY St. Louis						2. USUAL RESIDEN		ned lived. If institution	ion: Residence before
	•	b. CITY (If outside corporate limits, give TOWNS) OR TOWN Webster Groves c. FULL NAME OF (If NOT in hospital, give locati HOSPITAL OR 104 Rose Acre			s 1 mo.		c. CITY OR TOWN Clayton d. STREET (if cutside, give location) ADDRESS 6341 Southwood			Inside Limits Yes No Reside on Farm	
		_	INSTITUTION TO	First First		Ye Middle	No 🗆	Last 63	41 South		Yes No No
			(Type or print)	Hans	· · · · · · · · · · · · · · · · · · ·			Wulff	OF DEATH	6 29	9 60
			Male_	6. COLOR OR RACE White	7. Married [Widowed]		Married Divorced	8. DATE OF BIRTH 1/22/82	9. AGE (last bid 78	Months D	ays Hours Min.
		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LAWYOT			106. KIND OF BUSINESS OR INDUSTR			St. Lou			S.A.
		13a. FATHER'S NAME Frederick Wulff			Emma Bern					ne of Husband or v	
	'	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. gr unknown) (If yes, give war or dates of service NO				OCIAL SEC		17. INFORMANT Mrs. Loui			r.
	MENT	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) The company of the company one cause per line for (a), (b), and (c). 104. Rose Acre Lane INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH									
	DOCUMENT	Conditions, if any, which gave rise to above cause (a),									
\vdash	†	stating the underlying cause last.) DUE TO (c) Arunos Clinos of Generalized									
	disease condition given in PART I (a) there a pre								egnancy in last 90 days. No Unknown		
			19. WAS AUTOPSY PERFORMED? YES NO M	20a. ACCIDENT SUICIDI	HOMICIDE	20b. i	ESCRIBE HOV	V INJURY OCCURRED	. (Enter nature of i	njury in PART I or PA	RT II of item 18.)
		MEDICAL	20c. TIME OF Hour INJURY a.m.	Month, Day, Year					•		
		2	20d. INJURY OCCURRES WHILE AT WORK I NOT WHILE AT W	farm, f	OF INJURY (e.g actory, street, of	., in or ab	aut home, 2 , etc.)	of, CITY, TOWN, OR	LOCATION	COUNTY	STATE
		21. I attended the deceased from 6: 14:60 to death and last saw him elive on 6: 28.60									
	OF	Death occurred at 3:45 P m on the date stated above, and to the best of my knowledge, from the causes stated. 22e. SIGNATURE 0 0 (Degree or title) 1 2 0 22b. ADDRESS 2 22c. DATE SIGNED									
								Panhol 3d. LOCATION (CI	ty, town, or county)	6,30,60 (State)	
	AFFIDAVIT		pemoval (Specify) burial FUNERAL DIRECTOR	7/2/60 V	Memo	rial	Park	Com.		is County	Mo.
	BY /	_	Drehmann-H		905 Uni		6-	30-60		Em,	And I
Ì					(Lice	nsed Emb	aimer's Statem	ent on Reverse Side)	U	•	17

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is re	corded on the reverse side of this certificate was embalmed b
or by	, Student Embalmer No
working under my personal supervision.	PM 10 11
Student	Signed Mett Mongran
Signature of Student Embalmer	
	Licensed Embalmer No. 4137
	P. O. Address And muin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.